



ZIONSVILLE POLICE DEPARTMENT

1075 Parkway Dr., Zionsville, Indiana 46077

PH: 317-873-5967

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APPLICATION INSTRUCTIONS

Answer all questions. If the question does not apply to you, mark the question "NA". Any further information you may wish to add may be placed on the reverse side of the page with proper identifying reference indicators. Application will not be considered until complete in every respect. Any false information provided on the application or information omissions will disqualify the candidate from the employment screening process. Any false or omitted application information, which comes to light after employment appointment, will cause for immediate termination. Completed applications will be kept for one full year from the date of employment screening process. Please do not make inquiry regarding the status of your application. You will receive appropriate information concerning the employment screening process and your application routinely and in due time.

MINIMUM REQUIREMENTS FOR ZIONSVILLE POLICE OFFICER APPLICANTS

1. Must be a high school graduate, as evidenced by a transcript issued by an accredited high school. An achievement test certificate from the accredited high school or State Board of Education is acceptable. This includes transcripts from any form of higher learning.
2. Shall possess a valid Indiana drivers license (or obtain one within 60 days of becoming an Indiana resident) and have no more than six (6) active points.
3. Shall be an U.S. citizen.
4. Shall be between 21 and 35 years of age. (Birth Certificate required)
5. According to IC 36-8-4-2 Members of the police department must reside within the town, or in a county that is contiguous to Boone County.

Applicants are responsible for all expenses incurred for travel, meals, etc. when reporting for tests and interviews; as well as all expenses incurred in obtaining records or other materials necessary for the investigative process. **Upon return of the application the following documents must be attached.**

1. Birth Certificate (certified copy)
2. High School Diploma (or GED certificate) and transcript
3. College or university degree and transcript
4. DD214 (member 4 copy) and Citations (for those applicants with military background)
5. Law Enforcement Academy Graduation Certificate (if applicable)
6. Drivers License (front and back)
7. Social Security Card
8. Any Court Order requesting a Name Change

These copies become the property of the Zionsville Police Department and are not subject to return.

After an offer of employment, the candidate will be required to undergo both a physical and psychological examination by a Department appointed physician. The candidate must also pass a polygraph exam and a physical agility test per the ILEA exit standard. The Zionsville Police Department will pay for the above.

I UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS AND INFORMATION.

Applicants Signature

Date

Check the position you are applying for: **Police Officer** **Civilian Employee**
 Reserve Officer **Civilian Academy**

PERSONAL HISTORY

Family Data

List all family members (living or deceased) in the following order: Parents; step-parents; brothers; sisters; spouse; children; stepchildren; parents-in-law; and ex-spouses. Use additional sheet if necessary.

Name: _____

Relationship: _____

Complete Address/ Phone Number: _____

Name: _____

Relationship: _____

Complete Address/ Phone Number: _____

Name: _____

Relationship: _____

Complete Address/ Phone Number: _____

Name: _____

Relationship: _____

Complete Address/ Phone Number: _____

Name: _____

Relationship: _____

Complete Address/ Phone Number: _____

Name: _____

Relationship: _____

Complete Address/ Phone Number: _____

Name: _____

Relationship: _____

Complete Address/ Phone Number: _____

Name: _____

Relationship: _____

Complete Address/ Phone Number: _____

Name: _____

Relationship: _____

Complete Address/ Phone Number: _____

Name: _____

Relationship: _____

Complete Address/ Phone Number: _____

Education / Training Skills (Include copies of all transcripts and diplomas/certificates)

<i>HIGH SCHOOL NAME/ADDRESS</i>	<i>DATE FROM MO./YR</i>	<i>DATE TO MO./YR</i>	<i>YEARS COMPLETED</i>	<i>DID YOU GRADUATE?</i>

<i>COLLEGE/UNIVERSITY NAME/ADDRESS</i>	<i>DATE FROM MO./YR</i>	<i>DATE FROM MO./YR</i>	<i>CREDIT HOURS EARNED</i>	<i>TYPE OF DEGREE</i>	<i>DID YOU GRADUATE?</i>

Criminal Justice Education/Training. Include certificates of basic compliance. Test scores must accompany application.

<i>TYPE OF CERTIFICATE</i>	<i>SCHOOL NAME/ADDRESS</i>	<i>DATE FROM MO./YR</i>	<i>DATE FROM MO./YR</i>	<i>CREDIT HOURS EARNED</i>	<i>DID YOU GRADUATE?</i>

Other Schools (Trade, Vocational, Business or Military):

<i>TYPE OF CERTIFICATE</i>	<i>SCHOOL NAME/ADDRESS</i>	<i>DATE FROM MO./YR</i>	<i>DATE FROM MO./YR</i>	<i>CREDIT HOURS EARNED</i>	<i>AREA OF STUDY</i>

List languages other than English (including sign language) and indicate your knowledge in each area by entering 1 – 5 (5 rated as fluent).

LANGUAGE	Reading	Writing	Speaking	Understanding

Indicate any types of special license such as pilot, radio operator, etc., showing licensing authority, which was first issued, and date current license expires (except vehicle operator's license):

Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, Breathalyzer, speed equipment, firearms, and computers):

MILITARY HISTORY

1. Have you **ever** served in the Armed Forces of the United States? Yes No
2. Are you now or have you **ever** been a member of a U.S. reserve unit or the National Guard? Yes No
- 2a. State the branch of service, name and location of your unit. _____
- _____
- 2b. Do you attend drills, meetings, or camps? Yes No

Furnish an original letter of good standing signed by your commanding officer.

3. If you served in the Armed Forces, you must provide copies of all DD214s.

- Branch of Service: _____ Highest Rank: _____
- Duty Dates: From: _____ To: _____ From: _____ To: _____ From: _____ To: _____
- From: _____ To: _____ From: _____ To: _____ From: _____ To: _____
4. Indicate type of discharge: _____
5. List any citations / awards: _____
6. Was any type of disciplinary action taken against you in the service? Includes, but not limited to, a letter of reprimand, forfeiture of pay or demotion. Yes No
- If yes, please provide: Date _____ Place: _____
- Nature of Offense: _____
- Action Taken: _____

Employment History Record Your employment history, starting with you present employer. Include **all** law enforcement or corrections experience (paid or unpaid). If you need more space, you may include additional sheets. **All sections must be completely filled out.(If any gaps exist in employment, please list (i.e. attending school, unemployed, homemaker, etc.)**

Present Employment Dates _____ to _____ Employer _____
Position held _____
Address _____
Phone (_____) _____ Last Supervisor _____
Duties _____

Previous Employment Dates _____ to _____ Employer _____
Position held _____
Address _____
Phone (_____) _____ Last Supervisor _____
Duties _____

Previous Employment Dates _____ to _____ Employer _____
Position held _____
Address _____
Phone (_____) _____ Last Supervisor _____
Duties _____

Previous Employment Dates _____ to _____ Employer _____
Position held _____
Address _____
Phone (_____) _____ Last Supervisor _____
Duties _____

Previous Employment Dates _____ to _____ Employer _____
Position held _____
Address _____
Phone (_____) _____ Last Supervisor _____
Duties _____

Previous Employment Dates _____ to _____ Employer _____
Position held _____
Address _____
Phone (_____) _____ Last Supervisor _____
Duties _____

Previous Employment Dates _____ to _____ Employer _____
Position held _____
Address _____
Phone (_____) _____ Last Supervisor _____
Duties _____

Employment History (cont.)

Have you ever been asked to resign or discharged by an employer? _____ Yes _____ No
If yes, please explain fully on another sheet of paper.

Do you currently have an application pending with any other law enforcement agency?

_____ Yes _____ No

Agency _____ State _____ Date _____

Agency _____ State _____ Date _____

Agency _____ State _____ Date _____

Have you ever applied for a position of employment with a law enforcement agency?

_____ Yes _____ No

Agency _____ State _____ Date _____

Agency _____ State _____ Date _____

Agency _____ State _____ Date _____

Residences If rental -list name, address, and phone of landlord and name of apartment complex(if applicable). If military addresses are listed, include town/city located in the immediate vicinity of the military base.

1. Current residence - list number, street, city, county, state, zip code and phone

2. Former addresses – Last ten (10) years (Attach additional sheet if needed)

Dates	Street	City	State	Zip
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DRIVING HISTORY

1. Are you a licensed Indiana vehicle operator? Yes No License No.: _____

Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you **ever** held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

STATE	NAME USED	DATE OF LICENSE(S) HELD

3. Have you **ever** been denied issuance of a driver's license or have you **ever** had a driver's license suspended or revoked? Yes No If yes, please provide complete details including why license was revoked. (use additional paper if needed)

STATE	DATE	REASON/CHARGE	OUTCOME

4. List all vehicles you currently own or operate: (use additional paper if needed).

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN	YES
					OWN	NO
					OWN	YES

5. Do you presently have automobile liability insurance in accordance with Indiana State Statutes? Yes NO

If **no**, give details: _____

6. Please provide proof of insurance for vehicles listed in #4 above: (use additional paper if needed).

NAME OF COMPANY	Policy Number	NAME OF AGENT	Address	Phone Number

7. Have you **ever** had automobile insurance withdrawn or revoked or have you **ever** been refused automobile insurance? Yes No If yes, give details.

DATE	REASON/CHARGE	OUTCOME

8. List all traffic accidents within the last 7 years, (use additional paper if needed).

DATE OF ACCIDENT	WERE YOU AT FAULT? (yes or no)	EXPLAIN

9. Were any traffic accidents job related? Yes NO

If yes, list year occurred and explain. _____

10. Did job related traffic accidents result in any discipline? Yes NO If yes, please explain. _____

ARREST HISTORY/COURT DATA

If you answer "Yes" to any of the following questions, please explain in the space provided. An affirmative response may not be disqualifying.

1. Have you ever committed a crime for which you were not arrested or convicted? **Yes** **No** **If yes, attach explanation.**

1a. Have you **ever** been charged (plead guilty, nolo contendere) of a crime other than a traffic violation? **Yes** **No**

Crime charged with _____

Police Agency _____ Date _____

Sentence _____

2. Have you **ever** been charged, investigated, arrested or convicted of domestic violence? **Yes** **No**

Crime charged with _____

Police Agency _____ Date _____

Sentence _____

3. Have you **ever** been arrested, charged or given a notice or summons to appear for any criminal violation even as a juvenile? **Yes** **No** (Include any arrest in which the records were sealed or expunged.) If yes, please explain.

4. Have you **ever** received a ticket or been convicted of a traffic violation (exclude parking tickets)? **Yes** **No**

If yes, explain: _____

5. Have you **ever** been detained by any law enforcement agency for any reason? **Yes** **No** If yes, explain.

6. To your knowledge have you **ever** been the subject of, or a suspect in, any criminal investigation? **Yes** **No**
If yes, explain: _____

7. Have you **ever** been fingerprinted for any reason (arrest, job application, military, etc.)? **Yes** **No**

NAME OF ORGANIZATION	DATE	PURPOSE OF FINGERPRINTING

8. Have you **ever** been placed on probation? **Yes** **No** If yes, explain _____

MISCELLANEOUS

1. Are you now issued or have you **ever** been issued a license to engage in a business or profession? **Yes** **No**
If yes, explain: _____

2. Was your business or occupational license **ever** cancelled, suspended or revoked? **Yes** **No**
If yes, explain: _____

3. Do you have any sources of income other than your salary or the salary of your spouse? **Yes** **No**
If yes, provide details: _____

4. Are you able to perform the duties set forth in the position description, job posting, and/or position information provided, with or without a reasonable accommodation? **Yes** **No**
5. Do you now, or have you **ever** used, purchased, possessed, supplied or sold marijuana or hashish? **Yes** **No**
 - a. Circumstances _____
 - b. Number of times used, purchased, possessed, supplied and/or sold: _____
 - c. First time used, purchased, possessed, supplied and/or sold: _____
 - d. Last time used, purchased, possessed, supplied and/or sold: _____
6. Do you now, or have you **ever** used, purchased, possessed, supplied, and/or sold **any** narcotic or controlled substance such as, but not limited to, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?
(Exclude lawfully prescribed drugs) **Yes** **No** **If yes, please complete the following:**
 - a. Drug(s) : _____
 - b. Circumstances: _____
 - c. Number of times used, purchased, possessed, supplied and/or sold: _____
 - d. First time used, purchased, possessed, supplied and/or sold: _____
 - e. Last time used, purchased, possessed, supplied and/or sold: _____
7. Describe any special skills that you believe would benefit you as a police employee. _____

8. List past or present memberships in clubs and/or organizations (do not list any organizations with a political affiliation). _____

REFERENCES

Neighbor References (List three (3) within the last three (3) years).

Name	Address (# street, city, state, zip)	Phone (with area code)	Dates
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Character References (minimum of three (3))

Provide name, address (complete), and telephone numbers including area code. Without this information it will not be possible to complete the background check and may therefore affect your chances of hire.

Work Related References (minimum of three (3))

Provide name, address, and telephone numbers including the area code.



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Authorization For Release of Information Agreement

To Whom It May Concern: I am an applicant for a position with the Zionsville Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied.

I hereby authorize any representative of the Zionsville Police Department bearing this release to obtain any and all information in your files pertaining to my employment records and I direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Zionsville Police Department, whether the records are of public, private or confidential nature. It is my specific intent to provide access to personnel information, however personal or confidential it may appear.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my educational records, my financial status, my criminal history record, including any arrest records, any information contained in any investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affair investigations and discipline, including any files that are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly authorized representative of the Zionsville Police Department regardless of any agreement I may have made with you previously to the contrary. The Zionsville Police Department may discontinue processing my application for employment and deny me employment if you refuse to disclose the requested information.

In consideration of the Zionsville Police Department's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me on the Zionsville Police Department. I understand that should information of a serious criminal nature or regarding an outstanding criminal and/or civil warrant surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United State Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Zionsville Police Department in conjunction with employment procedures.

A photocopy or fax copy of this release will be valid even though the photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for 12 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

SIGNATURE MUST BE NOTARIZED

I, the undersigned, hereby certify that I have voluntarily, freely, and intentionally completed the *Authorization for Release of Information Agreement*. In addition, I understand that any misrepresentation or omission of facts or failure to cooperate in obtaining required information by me, is cause for rejection of my application and, if discovered after employment, grounds for termination of employment.

_____ Signature (including maiden name, if applicable)	_____ Date of Birth
_____ Address	_____ Social Security Number
_____ City / State / Zip	_____ Telephone (include area code)

STATE OF _____ COUNTY _____

Before me, a Notary Public in and for Said County and State, personally appeared _____ who acknowledged the execution of the foregoing *Authorization for Release of Information Agreement*, and who being first sworn under oath that the matters contained therein are true. Subscribed and sworn before me.

WITNESS my hand and Notarial Seal this _____ day of _____ 20____.

Notary Public Printed Name: _____

Notary Signature: _____

City: _____ State: _____ / County: _____

My Commission Expires: _____